Literature and the Arts in Medical Education

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Feature Editor

Editor’s Note: In this column, teachers who are currently using literary and artistic materials as part of their curricula will briefly summarize specific works, delineate their purposes and goals in using these media, describe their audience and teaching strategies, discuss their methods of evaluation, and speculate about the impact of these teaching tools on learners (and teachers).

Submissions should be three to five double-spaced pages with a minimum of references. Send your submissions to me at University of California, Irvine, Department of Family Medicine, 101 City Drive South, Building 200, Room 512, Route 81, Orange, CA 92868-3298. 949-824-3748. Fax: 714-456-7984. E-mail: jfshapir@uci.edu.

Knowing What a Human Life Really Is: Doctors and Priests

John J. Frey III, MD

Although I carry all sorts of book lists that I have never completed, I had one I was determined to complete because the list came from the professor who first encouraged me to try to be better than I thought I was. On that book list was a small book by Georges Bernanos, a French writer unknown to me, as were most of the authors on the list. I dutifully bought a copy, put it on my bookshelf, and carried it from place to place in my life, unread but reminding me of what I still had to do.

Years later, talking with another friend and teacher, I noticed that the pictures of the people who have influenced his life most included one that I didn’t recognize. I asked who it was, and he said, “Georges Bernanos.” I pulled the book by Bernanos off my shelf.

How a novel, written in the form of a diary, about a young village priest in a nondescript place in the time between the wars in France could have such a profound influence on so many people is why you have to read the book for yourself. Bernanos was a contemporary of Camus and Sartre but was a Catholic existentialist and wrote other books that were even more deeply religious than Diary of a Country Priest.

The role of priest and the role of physician have often overlapped in history. Today, wherever the possibility of a relationship over time exists, there is also the possibility of the mixture of advice and absolution. A man once whispered to me years ago in Cuba that the family doctor should be the new priest of the Revolution. I thought I knew what he meant back then, but, the more I think about it, the more the role of family physician in a community, in its highest form, is about bringing people together and healing each other. In some places, it means getting communities to do things together bravely. Doctors as well as religious leaders can be the healers of communities.

Bernanos’ book is a series of daily reflections by a priest, whose name we never learn, deeply insecure about his ability, his faith, and his worth to his church and his people. The narrative is full of people, both rich and poor, with whom he carries on long conversations about their own doubts and fears. Priests, like doctors, are not summoned when one is well but when one feels sick—spiritually and physically. It is no small irony that the priest himself is sick in both these ways. He suffers from terrible stomach pains and nightmares, and the clinician in us can understand the interplay of the emotional and the physical. He listens to secrets from those who, on the surface, should be unencumbered by such thoughts. For example, he is summoned to visit La Comtesse, the wife of the village’s wealthiest family, to talk about her contrary, reckless daughter, whom the mother fears will harm herself in protest. The mother then begins to talk about her own life of frustration and artifice. Her husband is unfaithful, she lost a son in infancy, she carries

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on the appearances of a perfect life, and yet decided to send her daughter away to boarding school. As she and the priest talk, her anger at God and her unhappiness with her life become more powerful. The comtesse and the priest engage in a struggle—she to carry her pride and anger to the end, he to help her find peace through resignation, at the least, and, perhaps, comfort in the acceptance of life as it has brought her to this point. The priest leaves with the issue unresolved, to carry her secrets that he now must bear on his own. It reminds me how often we know of family secrets that, if shared, would decrease rather than increase the strife. Knowing a community and its flaws is as much a burden to us as it is the explanation for otherwise confusing behavior.

The struggle of a confessor and a penitent over despair seems distant from doctoring, but we all know it is not. All our encounters with patients have some element of this struggle. Chronic illness and terminal illness, in particular, carry an element of despair, sometimes our patient’s despair and sometimes our own. We often use the word courage to characterize a patient’s living fully in the face of decline or to describe doctors who deal with large numbers of such patients. What is mirrored in the book’s dialogue between priest and supplicant is that aspect of the doctor-patient relationship in which the doctor’s role, like the priest’s, is to elicit the secret fears, the “sickness unto death” (in Kierkegaard’s words) of patients. We know that the cathartic quality of letting go for the patient often requires our own silence about our own fear and unease—for the patient in front of us, for ourselves. While patients open their hearts to us, often we have no safe place to open ours. Bernanos creates a diary for his priest, and it is through his exploration of inner feelings and thoughts that we connect the priest’s struggles with his faith to our own.

Two doctors are part of the book. The first is the local village doctor, as unkempt and frayed as the priest, who first shows concern about the priest’s physical condition and makes arrangements to see a specialist. In the midst of the medical exam, watched over by the doctor’s dog, they begin to talk about the village and its inequities. The doctor feels obligated to tell the priest that he doesn’t believe in God, in large part because of the question of how, if there is a God, can there be so much poverty and suffering in the village. This is not just a question that has been asked by invisible countryside doctors who every day have to witness the effects of society on their patients. Each of us has repeatedly asked the same question. We are forced to make choices when resources are few. The anger that we feel is when our care is “correct,” but its implementation is impossible because lack of finances or social support makes family physicians who are close to their patients have to ask why those patients cannot get what they need and why they suffer far more than they deserve. For some, the anger is at political and social systems; for others, in some deeper sense, it is at God.

The second doctor is the specialist at the end of the book who delivers the diagnosis of terminal stomach cancer to the priest. He is in another town, large and unfamiliar to the priest. This doctor too is burdened with the frustration of being able to diagnose an illness but realizing it is beyond treatment—even the meager treatment that is available in those times. The doctor reveals that he himself also is dying of a terminal illness. The conversation then turns to each of them grappling with how to live in the face of death’s immediacy. The doctor and priest mirror each other in their commitment to not live in despair but differ radically about the means to go on living. The doctor is determined to continue to work until he can’t, since it gives him some purpose in the face of his despair. The priest opts for “joyous resignation” but continues to engage in the struggle to believe, even as he heads home to face his future.

Diary of a Country Priest is profoundly psychological, full of an interior voice of struggle toward the perfect in the face of the imperfect. Some of the most moving language I have ever read comes from this book, from the reflections of a young woman from a troubled family who challenges himself to persevere in the face of a community that doesn’t understand him and a faith that often feels as though it is slipping away.

The book comes from a period in the 20th century that profoundly altered the way that modern men and women could or, in my belief, should examine and understand their motivations, their moral center, and their actions. Existentialist writing addressed the deepest issues in life—war, hopelessness, struggle, suicide—and reaffirmed that human beings have the ability to make sense of their lives by continuing to search for meaning rather than giving up. The priest understands that his parish duty is to serve, to listen, to support, to guide, and to become the person in whom all doubts and fears can be confided. Yet, he—alone—lives on with his faith that his life has been for a purpose and that his actions have been comfort to all. The last line uttered by the country priest at his death is triumphant: “Grace is everywhere.”

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Reference
All around the world, scientists are trying to beat the most debilitating condition known to humans: ageing. Here is how worms and 3D printers can help. Christensen worked as a doctor for many years until one day he decided he'd had enough of treating sick people. He now runs the Danish Aging Research Centre where he's trying to stop people getting ill in the first place. He points out that we've seen some progress. In the mid-1800s life expectancy was around 40 years in most of the world, he says, while now some countries of Northern Europe are nearing 80 years and the rest of the planet is catching up. This was largely because of the reduction in infant and child mortality, not because the human life span itself increased. Father Greiten, now a priest near Milwaukee, remembered telling himself for the first time, "It was like a death sentence." The closet of the Roman Catholic Church hinges on an impossible contradiction. For years, church leaders have driven gay congregants away in shame and insisted that homosexual tendencies are disordered. The stories of gay priests are unspoken, veiled from the outside world, known only to one another, if they are known at all. Fewer than about 10 priests in the United States have dared to come out publicly. But gay men probably make up at least 30 to 40 percent of the American Catholic clergy, according to dozens of estimates from gay priests themselves and researchers. Some priests say the number is closer to 75 percent.